

Dual Eligible

A dual eligible is a person who receives benefits from Medicare and Medicaid. There are two types:

1. Full Dual Eligible - NF, HCBS, WH, SSI, MN w/met SD
 - Medicare and full Medicaid
 - Automatically deemed eligible for Part D Subsidy
2. Partial Dual Eligible - QMB,LMB,ELMB
 - Medicare and a Medicare Savings Program
 - Automatically deemed eligible for Part D Subsidy

The most important item to remember is that Medicaid will not provide prescription drug coverage to a dual eligible. Prescription drug coverage may however, be provided through their former union/employer or Medicare Part D coverage.

Part D Subsidy

KEESM 2675

For those with limited income and resources there is help paying Medicare Part D basic premium, partial copayments and deductible. This is called Medicare Part D Subsidy. SRS and Social Security Administration (SSA) are responsible for determining eligibility for Subsidy. Centers for Medicare and Medicaid Services (CMS) is responsible for paying out benefits. This benefit provides coverage through two avenues:

1. Deemed Eligibility

A full or partial dual is eligible for Part D Subsidy without a separate application. Eligibility for Subsidy begins the first month of Medicaid or Medicare Savings Program eligibility.

2. Determined Eligibility

A person who applies for full Medicaid or a Medicare Savings program but is denied, the worker will need to look at determining Subsidy eligibility. Determined Subsidy eligibility begins the month of application. The worker will complete the SUDD screen to determine level of Subsidy and authorize.

When does a worker do a Medicare Part D subsidy determination?

Most of the time, Subsidy is an automatic benefit. It can be confusing to figure out when you will need to do a Subsidy determination. Below are the four situations when you will do a Subsidy determination.

1. Subsidy Only Application (individual or couple)

2. QMB Only Application

-determine Subsidy in months prior to QMB eligibility.

3. Medically Needy Application with QMB

-determine Subsidy in months prior to QMB eligibility

4. Medically Needy Application with NO QMB/LMB

5 Levels of Subsidy

When you determine Subsidy, assistance with premiums, copayments and deductibles is based at a level established by their countable income and resources. These limits are much higher than our Medicaid and QMB/LMB limits. KAECSSES will calculate resource amount and percentage of poverty level for income. This information will be reflected on the SUDD screen. That makes it easy for the worker to decide if a beneficiary is eligible and the level of Subsidy assistance. Look at the next page

- **D0** =Income at or below 135% FPL & resources less than \$6,600(1)/\$9910 (2)
- **D1** =Income at or below 135% FPL & resources less than \$11,010(1)/\$22,010(2)
- **D2** =Income greater than 135% & at or below 140% FPL & resources less than \$11,010(1)/\$22,010(2)
- **D3** =Income greater than 140% & at or below 145% FPL & resources less than \$11,010(1)/\$2,010(2)
- **D4** =Income greater than 145% & below 150% FPL & resources less than \$11,010(1)/\$22,010(2)

Why would I set up a spenddown if Medicare covers most of the consumers bills?

Prior to the implementation of Medicare Part D, most consumers applied for Independent Living to receive assistance for prescription drug expenses. Once a consumer met their spenddown, the Medicaid card would cover a majority of their medications. Medicare Part D dramatically changes coverage options for Medicaid applicants who are eligible for Medicare. Since drug coverage is no longer provided by Medicaid for Medicare beneficiaries, other programs such as QMB or LMB may work instead of full Medicaid.

Why would a Medicare beneficiary apply for a spenddown?

1. Mental health expenses

- Medicare does not cover Mental Health services or medications. A beneficiary could benefit from meeting a spenddown as Medicaid covers these type of expenses.

2. Due and Owing Expenses/Going into the Hospital/Spouse has Medical Expenses

- Applying these to a spenddown could assist the beneficiary with other expenses not covered by Medicare.

Even though a dual eligible meets their spenddown, Medicaid will NOT cover their prescription drug expenses. It will be important to inform the Medicare beneficiary of this and their need to enroll in a Part D plan if they do not have prescription drug coverage. If a person is needing help with researching Part D plan options and enrolling, you can refer the consumer to designated staff in your region. Each region has appointed staff to assist consumers with Medicare Part D questions and researching/enrolling in a plan.



5/2008

NOTESNOTESNOTES

PICK CODES

Eligibility	Program Subtype on SEPA	Special Medical Indicator on PICK	QMB Indicator on MSID	Medical Eligibility Indicator (MEI) on MEBH	Benefit Plan
QMB only	QO	None (eligibility indicated on the MSID screen)	Y	SD	QMB
QMB only	QO	QO (Jan-April) Eff May check to see if still QMB eligible	N	QO	QMB
LMB only	LO	LO	N	LO	LMB
Expanded LMB	LO	LL	N	LL	ELMB
MS-Medicare Part D Subsidy only	None	MD	N	MD	Subsidy
MS - Medically Needy & QMB (met or unmet spenddown)	None	None (eligibility indicated on the MSID screen)	Y	SD or RG	MN & QMB
MS - Medically Needy & QMB (met or unmet spenddown)	None	QS (Jan-April) Eff May check to see if still QMB eligible	N	QS	MN & QMB
MS - Medically Needy & LMB (met or unmet spenddown)	None	LS	N	LS	MN & LMB
MS - HCBS & QMB	HC	None (eligibility indicated on the MSID screen)	Y	CC	MCD & QMB
MS - HCBS & QMB	HC	QM (Jan-April) Eff May check to see if still QMB eligible	N	QM	MCD & QMB
MS - HCBS & LMB	HC	LM	N	LM	MCD & LMB
MS Nursing Facility & QMB	AC	None (eligibility indicated on the MSID screen)	Y	CC	MCD & QMB
MS Nursing Facility & QMB	AC	QM (Jan-April) Eff May check to see if still QMB eligible	N	QM	MCD & QMB
MS Nursing Facility & LMB	AC	LM	N	LM	MCD & LMB

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PICK CODES

Eligibility	Program Subtype on SEPA	Special Medical Indicator on PICK	QMB Indicator on MSID	Medical Eligibility Indicator (MEI) on MEBH	Benefit Plan
MS - Working Healthy	WH	WH	N	WH	MCD
MS - Working Healthy & QMB	WH	WQ	Y	WQ	MCD & QMB
MS - Working Healthy & LMB	WH	WL	N	WL	MCD & LMB
MS-Working Healthy Medically Improved	WH	WM	N	WM	MCD
MP & QMB	None	QM	N/A	QM	MCD & QMB
MA-CM & QMB	CM	QM	N/A	QM	MCD & QMB
MA & QMB	None	QS	N/A	QS	MN & QMB
Extended Medical for MARM	RM	RE	N/A	RE	MCD
MA or MS - QWD	None	DS	N	DS	QWD
MS - Breast and Cervical Cancer	None	BC	N/A	BC	MCD
MS - Disabled Adult Child	None or HC	DC	Y or N	DC	MCD or MCD & QMB
MS - Disabled Widow/Widower	None or HC	DW	Y or N	DW	MCD or MCD & QMB
MS - Early Widow/Widower	None or HC	EW	NA	EW	MCD
MS - Tuberculosis	None	TB	Y or N	TB	TB or TB & QMB
SI - Mandatory State Supplement	None	MS	N-but on SIAU	MS	MCD or MCD + QMB
SI - 1619B eligible	None	SB	N-but on SIAU	SB	MCD or MCD & MB

1/2009